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7590

04/08/2004

John R. Van Amsterdam
 c/o Wolf, Greenfield & Sacks, P.C.
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 600 Atlantic Avenue
 Boston, MA 02210-2211

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June Watson	(Depositor's name)
<i>June Watson</i>	(Signature)
May 14, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/706,574	11/03/2000	Vernon M. Ingram	M0656/7060	6165

TITLE OF INVENTION: METHODS FOR IDENTIFYING TREATMENTS FOR NEUROTOXICITY IN ALZHEIMER'S DISEASE CAUSED BY BETA-AMYLOID PEPTIDES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	07/08/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
CELSA, BENNETT M	1639	435-003000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 WOLF, GREENFIELD2 & SACKS, P.C.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Massachusetts Institute of Technology

Cambridge, MA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 23/2825 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

John R. Van Amsterdam May 14, 2004

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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05/20/2004 MAHME2 00000204 09706574

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TRANSMIT THIS FORM WITH FEE(S)



DOCKET NO: M0656.70060US00


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Vernon M. Ingram, et al.
Serial No.: 09/706,574
Confirmation No.: 6165
Filed: November 11, 2000
For: TREATMENTS FOR NEUROTOXICITY IN ALZHEIMER'S DISEASE
CAUSED BY BETA-AMYLOID PEPTIDES

Examiner: Bennett M. Celsa
Art Unit: 1627

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

The undersigned hereby certifies that this document is being placed in the United States mail with first-class postage attached, addressed to **Mail Stop Issue Fee**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the 14th day of May, 2004.


June Watson

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:


Transmitted herewith are the following documents:

- ☒ **Part B - Fee(s) Transmittal**
- ☒ **Return Receipt Postcard**

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617) 646-8000, Boston, Massachusetts.

A check in the amount of **\$1,330.00** is enclosed to cover the payment of the Issue Fee. Please charge any deficiencies that may be necessitated by this filing to the account of the undersigned, Deposit Account No. 23/2825. A duplicate of this sheet is enclosed.

Respectfully submitted,
Ingram, et al., Applicant

By: 
John R. Van Amsterdam, Reg. No. 40,212
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Telephone: (617) 646-8000

Docket No.: M0656.70060US00

Date: May 14, 2004

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